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PTO/SB/81 (08-03)  
Approved for use through 11/30/2006. OMB 0651-0036  
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INDICATION FORM**

Application Number	10/077,883
Filing Date	2/14/2002
First Named Inventor	Garett Andrew Smith
Title	BICYCLE CHAINRING FASTENER SYSTEM
Art Unit	3682
Examiner Name	Marcus Charles
Attorney Docket Number	2607.006

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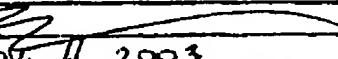
I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

**SIGNATURE of Applicant or Assignee of Record**

Name Garett Andrew Smith

Signature 

Date Nov. 11, 2003

Telephone 908-549-0807

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/077,665
		Filing Date	Feb 14, 2002
		First Named Inventor	Garrett Andrew Smith
		Art Unit	3682
		Examiner Name	Marcus Charles
Total Number of Pages in This Submission	2	Attorney Docket Number	2607.008

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name: SINSHEIMER, SCHIEBELHUT &amp; BAGGETT by Thomas F. Lebens (Reg. No. 38221)

Signature:

Date: January 13 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

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Type or printed	Thomas F. Lebens	Date	January 13 2004
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